Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:	A	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Thomas First name M Middle name Rivera Last name and Suffix (Sr., Jr., II, III)	F E N	Liliana First name E Middle name Cruz Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	Thomas Rivera	l	Liliana Cruz
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0120	,	xxx-xx-4910

Del	otor 2 Liliana E Cruz		Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.			
	used in the last 8 years					
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		501 Copiague Road Lindenhurst, NY 11757	62 Winston Drive Brentwood, NY 11717			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Suffolk	Suffolk			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Debtor 1 Thomas M Rivera

	otor 1 Thomas M Rivera otor 2 Liliana E Cruz					Case number (if known)			
Par	Tell the Court About	our Banl	cruptcy Ca	ase					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Chap	ter 7						
		☐ Chap	ter 11						
		☐ Chap	ter 12						
		☐ Chap	ter 13						
8.	How you will pay the fee					eck with the clerk's office in your local court yourself, you may pay with cash, cashier's			
		ord		attorney is submitting		shalf, your attorney may pay with a credit ca			
		□ In	eed to pay e Filing Fe	y the fee in installme ee in Installments (Offi	nts. If you choose this op cial Form 103A).	tion, sign and attach the Application for Ind	ividuals to Pay		
		□ I re	equest that t is not req	at my fee be waived (uired to, waive your fe	You may request this opti ee, and may do so only if y	ion only if you are filing for Chapter 7. By la your income is less than 150% of the officia in installments). If you choose this option,	I poverty line that		
						ficial Form 103B) and file it with your petition			
9.	Have you filed for bankruptcy within the	■ No.							
	last 8 years?	☐ Yes.							
			District			Case number			
			District		When	<u> </u>			
			District		When	Case number			
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	☐ Yes.							
	affiliate?		Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	■ No.	Go to I	ine 12					
	residence?				on aviation judament again	nst you and do you want to stay in your resi	danaa?		
		☐ Yes.	•		an eviction judgment agail	nst you and do you want to stay in your fest	uerice :		
					atement About an Evictio	n Judgment Against You (Form 101A) and f	ile it with this		
				bankruptcy petition.					

	tor 1 tor 2	Thomas M Rivera Liliana E Cruz			Case number (if known)					
Part	Part 3: Report About Any Businesses You Own as a Sole Proprietor									
12. Are you a sole proprietor of any full- or part-time business?			■ No.							
			☐ Yes.	Name and location of bu	siness					
	busing an ind separ as a d	e proprietorship is a ess you operate as dividual, and is not a ate legal entity such corporation, ership, or LLC.		Name of business, if any						
	If you sole p separ	have more than one proprietorship, use a late sheet and attach		Number, Street, City, Sta						
	it to th	nis petition.			ox to describe your business:					
					ness (as defined in 11 U.S.C. § 101(27A))					
				_	I Estate (as defined in 11 U.S.C. § 101(51B))					
					defined in 11 U.S.C. § 101(53A))					
				•	er (as defined in 11 U.S.C. § 101(6))					
				☐ None of the abov	е					
13.	Chap Bank	ou filing under ter 11 of the ruptcy Code and are a small business	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropria deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proced in 11 U.S.C. 1116(1)(B).							
		definition of small	■ No.	I am not filing under Cha	pter 11.					
	busin	ess debtor, see 11 C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy					
			☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
Part	t 4:	Report if You Own or	Have Any	Hazardous Property or Ar	ny Property That Needs Immediate Attention					
14.	prope	ou own or have any erty that poses or is ed to pose a threat minent and	■ No.	What is the hazard?						
	ident publi Or do prope	ifiable hazard to c health or safety? o you own any erty that needs diate attention?		If immediate attention is needed, why is it needed?						
	For ea perist liveste or a b	xample, do you own hable goods, or ock that must be fed, building that needs tt repairs?		Where is the property?	Number Chart City Chate 9 7in Code					
					Number, Street, City, State & Zip Code					

art	5: Explain Your Efforts t	o Re	ceive a Briefing About Credit Counseling			
	<u> </u>	Abo	out Debtor 1:		Ab	out Debtor 2 (Spouse Only in a Joint Case):
5.	Tell the court whether you have received a briefing about credit counseling.	You	I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.			u must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate c completion.
:	The law requires that you receive a briefing about credit counseling before you file for bankruptcy.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.			Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificat of completion.
	file. If you file anyway, the court can dismiss your case, you		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.			Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.			I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances			To ask for a 30-day temporary waiver of the requirement attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
			required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.			cause and is infinited to a maximum of 13 days.
			I am not required to receive a briefing about credit counseling because of:			I am not required to receive a briefing about credit counseling because of:
			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	′		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after reasonably tried to do so.	I		☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			Active duty. I am currently on active military duty in a military combat zone.			Active duty. I am currently on active military duty in a military combat zone.
			If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.			If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 1 tor 2	Thomas M Rivera Liliana E Cruz				Case numb	er (if known)		
Pari	t 6:	Answer These Questi	ons for Re	eporting Purposes					
	Wha	kind of debts do	16a.				ined in 11 U.S.C. § 101(8) as "incurred by a	n	
	you.			☐ No. Go to line 16b.	ii, iairiiiy, or rioucoi	noia parpodo.			
				Yes. Go to line 17.					
			16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
				☐ No. Go to line 16c.	3				
				☐ Yes. Go to line 17.					
			16c.	State the type of debts you owe t	that are not consu	mer debts or busine	ss debts		
17.		ou filing under	□ No.	I am not filing under Chapter 7. C	Go to line 18.				
	after prop	ou estimate that any exempt erty is excluded and	Yes.	I am filing under Chapter 7. Do y are paid that funds will be available			perty is excluded and administrative expens ?	es	
		nistrative expenses aid that funds will		■ No					
	be av	vailable for ibution to unsecured tors?		□Yes					
18.		many Creditors do	1 -49		1 ,000-5,000)	2 5,001-50,000		
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		50,001-100,000			
			☐ 100-19 ☐ 200-9		□ 10,001-25,0	000	☐ More than100,000		
19.		much do you	□ \$0 - \$	50,000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion		
		nate your assets to orth?		01 - \$100,000	□ \$10,000,001 - \$50 million		☐ \$1,000,000,001 - \$10 billion		
			■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
			L \$500,0		Φ ψ100,000,00		— Word than too billion		
20.		much do you	□ \$0 - \$	•	5 1,000,001	•	☐ \$500,000,001 - \$1 billion		
	to be	nate your liabilities ?		001 - \$100,000	□ \$10,000,00°		\$1,000,000,001 - \$10 billion		
			_	001 - \$500,000 001 - \$1 million		1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
			Ψοσο,						
Par	t 7:	Sign Below							
For	you		I have ex	amined this petition, and I declare	under penalty of p	perjury that the infor	mation provided is true and correct.		
							e, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.		
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						ot an attorney to help me fill out this			
			I request	relief in accordance with the chap	oter of title 11, Unit	ed States Code, spe	ecified in this petition.		
				cy case can result in fines up to \$2			or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 151	9,	
			/s/ Thor	mas M Rivera		/s/ Liliana E Cru	uz		
				s M Rivera e of Debtor 1		Liliana E Cruz Signature of Debto	or 2		
			Executed	April 27, 2018 MM / DD / YYYY			oril 27, 2018 M / DD / YYYY		

Debtor 1 Debtor 2	Thomas M Rivera Liliana E Cruz				Cas	se number (if known)
	attorney, if you are ted by one	under Chapt for which the	ter 7, 11, 12, or 13 of title 11 e person is eligible. I also c	, United States Code, ertify that I have delive	and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
•	e not represented by ley, you do not need s page.		se in which § 707(b)(4)(D) a led with the petition is incor		e no know	vledge after an inquiry that the information in the
		/s/ Richard	d A. Jacoby, Esq.		Date	April 27, 2018
			Attorney for Debtor			MM / DD / YYYY
			. Jacoby, Esq.			
		Printed name				
			Jacoby, Attorneys At L	.aw		
		Firm name				
		1737 Norti	n Ocean Avenue			
		Medford, I				
		Number, Street,	City, State & ZIP Code			
		Contact phone	631-289-4600	Ema	il address	
		2585735				
		Bar number & S	tate			

Fill i	n this informati	on to identify your	case:			
Debt		Thomas M Rivera				
		First Name	Middle Name	Last Name		
Debt		Liliana E Cruz	Middle Name	Last Name		
` `	, 3,					
Unite	ed States Bankri	uptcy Court for the:	EASTERN DISTRICT O	DF NEW YORK		
Case	number					
(if kno	wn)				_	k if this is an
					amen	ded filing
Sur Be as	nmary of `complete and nation. Fill out	accurate as possib	le. If two married people es first; then complete the	nd Certain Statistical Information e are filing together, both are equally responsible to the information on this form. If you are filing amend to the box at the top of this page.	or supplyir	
Part	1: Summariz	e Your Assets				
•					Your a	ssets of what you own
1.	Schedule A/B:	Property (Official Fo	orm 106A/B)			
•	1a. Copy line 5	5, Total real estate, fi	om Schedule A/B		\$	275,037.00
	1b. Copy line 62	2, Total personal pro	perty, from Schedule A/B.		\$	33,425.00
	1c. Copy line 63	3, Total of all property	on Schedule A/B		\$	308,462.00
Part	2: Summaria	e Your Liabilities				
ran	Z. Cummunz	e rour Elabilities				
						abilities t you owe
			aims Secured by Property nn A, Amount of claim, at	√ (Official Form 106D) the bottom of the last page of Part 1 of Schedule D	\$	453,470.00
3.	Schedule E/F: (Creditors Who Have	Unsecured Claims (Officia	al Form 106E/F)		
	3a. Copy the to	tal claims from Part	1 (priority unsecured clain	ns) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the to	otal claims from Part	2 (nonpriority unsecured o	claims) from line 6j of Schedule E/F	\$	58,828.23
				Your total liabilities	\$	512,298.23
Part	3: Summariz	e Your Income and	Expenses			
4.	Schedule I: You	<i>ır Income</i> (Official Fo	rm 106I)			
				ə I	\$	3,448.01
		ur Expenses (Official thly expenses from li			\$	4,058.00
Part	4: Answer T	hese Questions for	Administrative and Stat	istical Records		
6.			er Chapters 7, 11, or 13? on this part of the form. C	Check this box and submit this form to the court with yo	our other sc	hedules.
	Yes					
7.	What kind of d	ebt do you have?				
				debts are those "incurred by an individual primarily for great for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	☐ Your debt		consumer debts. You ha	ve nothing to report on this part of the form. Check th	is <i>box</i> and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Debtor 2	Thomas M Rivera Liliana E Cruz	Case number (if known)		
	n the Statement of Your Current Monthly Income: Cop A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 L		orm	\$ 3,952.47

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Filli	in this inform	nation to identify your case and	this filing:				
Deb	tor 1	Thomas M Rivera					
Deb	tor 2	First Name Midd	lle Name Last Name				
	use, if filing)		lle Name Last Name				
Unit	ed States Bar	nkruptcy Court for the: EASTERI	N DISTRICT OF NEW YORK				
Cas	e number					☐ Check if this is an amended filing	
Sc In eac think inforr	chedule ch category, se it fits best. Be	e as complete and accurate as possile space is needed, attach a separate	t an asset only once. If an asset fits in more than one ole. If two married people are filing together, both are sheet to this form. On the top of any additional pages	equally respo	nsible for su	oplying correct	
		ave any legal or equitable interest in	other Real Estate You Own or Have an Interest In any residence, building, land, or similar property?				
1.1	62 Winstol Street address, it	n Drive f available, or other description	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of	of any secured	ims or exemptions. Put I claims on Schedule D: Is Secured by Property.	
	Brentwood	NY 11717-0000	☐ Manufactured or mobile home☐ Land	Current valuentire prope		Current value of the portion you own?	
	City	State ZIP Code	Investment property Timeshare	\$27	5,037.00	\$275,037.00	
			☐ Other Who has an interest in the property? Check one ☐ Debtor 1 only	(such as fee	the nature of your ownership interest fee simple, tenancy by the entireties, or ate), if known. enant		
	Suffolk		Debtor 2 only				
	County		Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:	(see insti	ructions)	munity property	
	pages you ha		or all of your entries from Part 1, including any t number here		>	\$275,037.00	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

	homas M Rivera iliana E Cruz	Ca	ase number (if known)	
	, trucks, tractors, sport (utility vehicles, motorcycles		
□ No				
Yes				
3.1 Make:	Toyota	Who has an interest in the property? Check one	the amount of any secure	laims or exemptions. Put ed claims on Schedule D:
Model:	Rav4	Debtor 1 only	Creditors Who Have Cla	ims Secured by Property.
Year:	2013	Debtor 2 only	Current value of the	Current value of the
	mate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	formation:	At least one of the debtors and another		
Auto L	.oan	Check if this is community property (see instructions)	\$9,925.00	\$9,925.00
3.2 Make:	Acura	Who has an interest in the property? Check one		laims or exemptions. Put ed claims on Schedule D:
Model:	TSX	Debtor 1 only		ims Secured by Property.
Year:	2008	Debtor 2 only	Current value of the	Current value of the
Approxi	mate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other in	formation:	☐ At least one of the debtors and another		
Auto L	oan.	Check if this is community property (see instructions)	\$2,450.00	\$2,450.00
		(see instructions)		
3.3 Make:	Nissan Sentra	Who has an interest in the property? Check one	the amount of any secure	laims or exemptions. Put ed claims on Schedule D:
Model:		Debtor 1 only	Creditors who have Cla	ims Secured by Property.
Year:	2015 mate mileage:	Debtor 2 only	Current value of the	Current value of the
	formation:	Debtor 1 and Debtor 2 only At least one of the debtors and another	entire property?	portion you own?
Auto L		At least one or the debtors and another		
Auto	Joan	Check if this is community property (see instructions)	\$6,550.00	\$6,550.00
		ATVs and other recreational vehicles, other vehicles, an sonal watercraft, fishing vessels, snowmobiles, motorcycle a		
		n you own for all of your entries from Part 2, including and 2. Write that number here		\$18,925.00
art 3: Descri	ibe Your Personal and Hou	sehold Items		
o you own	or have any legal or equi	itable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Household Examples:	goods and furnishings Major appliances, furnitur	re, linens, china, kitchenware		
■ Yes. De	escribe			
	Househo	old Goods		\$3,000.0
Yes. De		old Goods		\$3,

	ebtor 1 ebtor 2	Thomas M F Liliana E Cr		wn)
7.	_	es: Televisions a	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; must I phones, cameras, media players, games	sic collections; electronic devices
	■ No □ Yes.	Describe		
8.			I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, ions, memorabilia, collectibles	coin, or baseball card collections;
	■ No □ Yes.	Describe		
9.	Example No	musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; can	pes and kayaks; carpentry tools;
10		Describe		
10.	■ No		s, shotguns, ammunition, and related equipment	
11.	□ No		othes, furs, leather coats, designer wear, shoes, accessories	
			Clothes	\$2,000.00
12.	□ No		ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gen	ns, gold, silver
			Jewelry	
	Examp No Yes. Any oth	rm animals bles: Dogs, cats, Describe her personal an	birds, horses and household items you did not already list, including any health aids you did not lis	t
	■ No □ Yes.	Give specific in	formation	
15			of all of your entries from Part 3, including any entries for pages you have attached number here	\$5,800.00
		scribe Your Finan		
D	o you ow	n or have any l	legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examp ■ No	oles: Money you	have in your wallet, in your home, in a safe deposit box, and on hand when you file your p	etition

	ebtor 1 ebtor 2	Thomas M Liliana E C			Case number (if known)
	Exam _l —				counts; certificates of deposit; shares in credit unions, brows with the same institution, list each.	okerage houses, and other similar
	□ No ■ Yes				Institution name:	
			17.1.	Checking & Savings	BFCU	\$1,500.00
			17.2.	Checking & Savings	BFCU	\$200.00
	Exam _l ■ No	ples: Bond fund	ds, investme	ly traded stocks ent accounts with br	rokerage firms, money market accounts	
	Non-pu				porated and unincorporated businesses, including ar	າ interest in an LLC, partnership, and
	joint v ■ No	enture/				
	_	Give specific		about themne of entity:	 % of ownershi	ip:
	Negoti Non-n ■ No	iable instrumer	nts include puments are information a	ersonal checks, cas those you cannot tra	otiable and non-negotiable instruments ishiers' checks, promissory notes, and money orders. cansfer to someone by signing or delivering them.	
21.		ment or pension ples: Interests i			403(b), thrift savings accounts, or other pension or profit-	-sharing plans
	Yes.	List each acco		ely. of account:	Institution name:	
					401k	\$3,000.00
	Your s Examp ■ No		sed deposit	s you have made so	o that you may continue service or use from a company, public utilities (electric, gas, water), telecommunications Institution name or individual:	s companies, or others
			t for a porio	tic navment of mon	ney to you, either for life or for a number of years)	
	■ No □ Yes	`	·	e and description.	ey to you, ettrier for life of for a fluriber of years)	
24.	Interes 26 U.S.		ıtion IRA, ir	n an account in a q	qualified ABLE program, or under a qualified state tu	ition program.
	■ No □ Yes		Institution r	ame and descriptio	on. Separately file the records of any interests.11 U.S.C.	§ 521(c):
	Trusts	, equitable or	future inte	ests in property (d	other than anything listed in line 1), and rights or pov	vers exercisable for your benefit
	_	Give specific	information	about them		
26.	_Exam _l				nd other intellectual property eds from royalties and licensing agreements	
	■ No □ Yes.	Give specific	information	about them		

	ebtor 1 ebtor 2	Thomas M Rivera Liliana E Cruz	Case number (if known)	
27.		es, franchises, and other general intangibles bles: Building permits, exclusive licenses, cooperative association l	noldings, liquor licenses, professional license	es
		Give specific information about them		
M	oney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed to you		
	■ No □ Yes. 0	Give specific information about them, including whether you alread	ly filed the returns and the tax years	
29.	■ No	support les: Past due or lump sum alimony, spousal support, child support Give specific information	, maintenance, divorce settlement, property	settlement
30.		imounts someone owes you les: Unpaid wages, disability insurance payments, disability benef benefits; unpaid loans you made to someone else	its, sick pay, vacation pay, workers' comper	nsation, Social Security
	☐ Yes.	Give specific information		
31.	_Examp	ts in insurance policies bles: Health, disability, or life insurance; health savings account (H	SA); credit, homeowner's, or renter's insuran	ice
	■ No □ Yes. I	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	If you a	erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insune has died.		eive property because
	■ No	Give specific information		
	□ 163.	One specific information.		
33.	_Examp	against third parties, whether or not you have filed a lawsuit ples: Accidents, employment disputes, insurance claims, or rights to		
	■ No □ Yes.	Describe each claim		
34.	Other c	contingent and unliquidated claims of every nature, including	counterclaims of the debtor and rights to	set off claims
	Yes.	Describe each claim		
		FDCPA actions		\$4,000.00
25	Any fin	annial accete you did not already list		
3 0.	■ No	ancial assets you did not already list		
	☐ Yes.	Give specific information		
36		he dollar value of all of your entries from Part 4, including any rt 4. Write that number here	. • .	\$8,700.00
De	rt 5: Day	ecribe Any Rusiness Polated Branarty Vou Own or Have an Intercet In	List any roal actata in Part 4	

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debtor 2			Case number (if known)	
37. Do y o	ou own or have any legal or equitable interest in any business-relat	ed property?		
■ No.	Go to Part 6.			
☐ Yes	s. Go to line 38.			
	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	ı Own or Have an Intere	st In.	
46. Do y	you own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
■ 1	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
Exa	you have other property of any kind you did not already list amples: Season tickets, country club membership	?		
■ No				
LI YE	es. Give specific information			
54. A d	ld the dollar value of all of your entries from Part 7. Write th	nat number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
	rt 1: Total real estate, line 2			\$275,037.00
	rt 2: Total vehicles, line 5	\$18,925.00		
	art 3: Total personal and household items, line 15	\$5,800.00		
	rt 4: Total financial assets, line 36	\$8,700.00		
	rt 5: Total business-related property, line 45	\$0.00		
	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Pa	rt 7: Total other property not listed, line 54 +	\$0.00		
62. To	otal personal property. Add lines 56 through 61	\$33,425.00	Copy personal property total	\$33,425.00
63. To	otal of all property on Schedule A/B. Add line 55 + line 62			\$308 462 00

Fil	l in this informa	ation to identify your cas	e:			
De	ebtor 1	Thomas M Rivera				
		First Name	Middle Name	L	ast Name	
1 -	ebtor 2 ouse if, filing)	Liliana E Cruz First Name	Middle Name	L	ast Name	
Un	nited States Banl	kruptcy Court for the:	ASTERN DISTRICT OF NE	EW Y	ORK	
	ase number					☐ Check if this is an amended filing
	fficial For chedule		erty You Cla	im	as Exempt	4/16
the nee	property you list	ted on <i>Schedule A/B: Prop</i> attach to this page as mai	perty (Official Form 106A/B)	as yo	our source, list the property that you	r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and
spe any fun exe	ecific dollar amo applicable stands—may be un emption to a pa	ount as exempt. Alternat tutory limit. Some exem limited in dollar amount	ively, you may claim the fo tions—such as those for However, if you claim an	ull fai healt exen	th aids, rights to receive certain b option of 100% of fair market valu	ng exempted up to the amount of enefits, and tax-exempt retirement
Pa	rt 1: Identify	the Property You Claim	as Exempt			
1.	Which set of e	exemptions are you clain	ning? Check one only, ever	n if yo	ur spouse is filing with you.	
	☐ You are clai	ming state and federal no	nbankruptcy exemptions. 1	11 U.S	S.C. § 522(b)(3)	
	■ You are clai	ming federal exemptions.	11 U.S.C. § 522(b)(2)			
2			3 ()()	mnt.	fill in the information below.	
	Brief description	n of the property and line or nat lists this property	•	• •	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.		
	Household (\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(3)
	Line nom Sche	edule AVD. G. I			100% of fair market value, up to any applicable statutory limit	
	Clothes	adula A/D: 11 1	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)
	Line from Sche	edule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
	Jewelry	edule A/B: 12.1	\$800.00		\$800.00	11 U.S.C. § 522(d)(4)
	LINE HOITI SCHE	aule M.D. 12.1			100% of fair market value, up to any applicable statutory limit	
	Checking &	Savings: BFCU	\$1,500.00	•	\$1,500.00	11 U.S.C. § 522(d)(5)
	Line nom Sche	euule A/D. TT.T			100% of fair market value, up to	

Official Form 106C

\$200.00

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$200.00

Checking & Savings: BFCU

Line from Schedule A/B: 17.2

11 U.S.C. § 522(d)(5)

Debtoi Debtoi		homas M Rivera iliana E Cruz		Case number (if known)	Case number (if known)		
		scription of the property and line on le A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	01k	m Schedule A/B: 21.1	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(12)	
LI	ne no	III Scriedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit		
	FDCPA actions Line from Schedule A/B: 34.1		\$4,000.00		\$4,000.00	11 U.S.C. § 522(d)(5)	
LI	ne no	III Scriedule A/B. 34.1			100% of fair market value, up to any applicable statutory limit		
	Subjec	u claiming a homestead exemption t to adjustment on 4/01/19 and every			ed on or after the date of adjustmen	nt.)	
	No)					
	l Ye	es. Did you acquire the property cover	ed by the exemption wi	thin 1,	215 days before you filed this case	?	
		No					
		Yes					

Fill in this informa	ation to identify you	ir case.			
Debtor 1	Thomas M Rive	ra Middle Name Last Name		-	
Debtor 2	Liliana E Cruz				
(Spouse if, filing)	First Name	Middle Name Last Name		-	
United States Banl	kruptcy Court for the	EASTERN DISTRICT OF NEW YORK		-	
Case number					
(if known)				☐ Check	if this is an
				ameno	led filing
Official Form	106D				
Schedule [D: Creditors	Who Have Claims Secure	ed by Propert	У	12/15
		If two married people are filing together, both are eout, number the entries, and attach it to this form.			
•	ave claims secured by	your property?			
☐ No. Check t	this box and submit t	his form to the court with your other schedules.	You have nothing else t	to report on this form.	
_	all of the information	•	3	•	
	Secured Claims				
		more than one secured claim, list the creditor separate	Column A	Column B	Column C
for each claim. If mo	re than one creditor has	a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list	t the claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
	Holdings LLC	Describe the property that secures the claim:	\$415,000.00	\$275,037.00	\$139,963.00
Creditor's Name		62 Winston Drive Brentwood, NY 11717 Suffolk County			
15480 Lagu	una Canyon Rd	As of the date you file, the claim is: Check all that			
Irvine, CA	•	apply. ☐ Contingent			
Number, Street, C	City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the deb	t? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as mortgage or s car loan)	ecured		
■ Debtor 2 only ■ Debtor 1 and Deb	stor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
_	e debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this clai		☐ Other (including a right to offset)			
community deb		,			
Date debt was incur	rred	Last 4 digits of account number 2011			
2.2 Nassau Ed	ucators Fcu	Describe the property that secures the claim:	\$9,473.00	\$2,450.00	\$7,023.00
Creditor's Name		2008 Acura TSX Auto Loan			
264 E Merr	ick Rd	As of the date you file, the claim is: Check all that			
	am, NY 11580	apply. ☐ Contingent			
	City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the deb	t? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or s car loan)	ecured		
Debtor 2 only		Statutory lien (such as tax lien, mechanic's lien)			
Debtor 1 and Deb	otor 2 only e debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this clai		■ Other (including a right to offset) Auto Loa	n		
community deb		— Other (including a right to onset)			

Official Form 106D

Debtor 1 Thomas M Rivera		Case n	umber (if know)		
	ddle Name Last Name				
Debtor 2 Liliana E Cruz					
First Name Min	iddle Name Last Name				
Opened 07/16 La Active	ast				
Date debt was incurred 2/15/18	Last 4 digits of account numbe	r 6404			
2.3 Nmac	Describe the property that secures the	e claim:	<u>\$10,486.00</u>	\$6,550.00	\$3,936.00
Creditor's Name	2015 Nissan Sentra				
Attn: Bankruptcy	Auto Loan				
Po Box 660360	As of the date you file, the claim is: Ch	eck all that			
Dallas, TX 75266	apply. Contingent				
Number, Street, City, State & Zip Code					
Hamber, Greet, Gity, Glate & Zip Gode	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as mo	ortgage or secured			
Debtor 2 only	car loan)	3.3.			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	anic's lien)			
☐ At least one of the debtors and anot		ariio o iiori)			
☐ Check if this claim relates to a		uto Loan			
community debt					
Opened 11/16 La Active	ast				
Date debt was incurred 2/26/18	Last 4 digits of account numbe	r 0001			
Toyota Financial					
2.4 Services	Describe the property that secures the	e claim:	\$18,511.00	\$9,925.00	\$8,586.00
Creditor's Name	2013 Toyota Rav4				
	Auto Loan				
Attn: Bankruptcy	As of the date you file, the claim is: Ch	anak all that			
Po Box 8026	apply.	eck all triat			
Cedar Rapids, IA 52409	Contingent				
Number, Street, City, State & Zip Code					
Who owes the debt? Check one.	☐ Disputed				
	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mo car loan)	ortgage or secured			
■ Debtor 2 only ■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	anic's lien)			
☐ At least one of the debtors and another	_ ,	ao oo,			
☐ Check if this claim relates to a	S	uto Loan			
community debt	Other (including a right to offset)				
Opened					
08/16 La					
Active		0004			
Date debt was incurred 3/04/18	Last 4 digits of account numbe	r 0001			
			A		
_	s in Column A on this page. Write that numbe , add the dollar value totals from all pages.	r here:	\$453,470.00		
Write that number here:	i, add the donar value totals from all pages.		\$453,470.00		
		•			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Debtor 1	Thomas M R	ivera		Case number (if know)		
	First Name	Middle Name	Last Name			
Debtor 2	Liliana E Cruz					
	First Name	Middle Name	Last Name	-		
Kr El 56 Su	me, Number, Stree nuckles, Komo liott, LLP 5 Taxter Road lite 590 msford, NY 10	I		On which line in Part 1 did you enter the creditor?		
SH 25	me, Number, Stree HELDON MAY 5 Merrick Rd ockville Centre			On which line in Part 1 did you enter the creditor? Last 4 digits of account number		

Fill in 1	this inform	ation to identify your	case:					
Debtor	1	Thomas M Rivera						
		First Name	Middle N	ame	Last Name			
Debtor (Spouse		Liliana E Cruz	Middle N	ama	Last Name			
(Spouse	ii, iiiiig)	i iist ivaille						
United	States Ban	kruptcy Court for the:	EASTERN I	DISTRICT OF NE	EW YORK			
Case n	number							
(if known)			_				Check if this is an
							a	mended filing
∩ffici	al Form	106E/F						
		<u>⊤≀00⊑/⊢</u> ′F: Creditors W	ha Haya	Uncocuro	d Claime			12/15
								ims. List the other party to
Schedul eft. Atta name an	le D: Creditor ach the Conti nd case num	inuation Page to this pag ber (if known).	ured by Proper e. If you have	rty. If more space in information to i	s needed, copy	the Part you need, fi	Il it out, number the en	tries in the boxes on the
Part 1:		of Your PRIORITY Un						
_	•	s have priority unsecure	d claims again	st you?				
	No. Go to Pa	rt 2.						
	Yes.							
Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims				
_	•	s have nonpriority unsect on thing to report in this p	•	-	th your other sch	edules.		
	Yes.							
uns	secured claim n one credito	nonpriority unsecured cl , list the creditor separately r holds a particular claim, li	for each claim	. For each claim list	ed, identify what	type of claim it is. Do i	not list claims already inc	cluded in Part 1. If more
								Total claim
4.1	Bank of	America		Last 4 digits of a	ccount number	6582		\$5,428.00
		Creditor's Name		_				. ,
		arese Circle		When wee the de	.ht ima	Opened 03/11	Last Active	
	FI1-908-0			When was the de	ept incurred?	5/22/17		_
		eet City State Zlp Code		As of the date yo	u file, the claim	is: Check all that appl	у	
	Who incurr	red the debt? Check one.						
	Debtor 1	only		☐ Contingent				
	Debtor 2	2 only		☐ Unliquidated				
	Debtor 1	and Debtor 2 only		☐ Disputed				
	☐ At least	one of the debtors and and	other	Type of NONPRIC	ORITY unsecure	d claim:		
		f this claim is for a com		☐ Student loans				
	debt		•			aration agreement or o	divorce that you did not	
		subject to offset?		report as priority c				
	■ No			•	•	ng plans, and other sir	nilar debts	
	☐ Yes			Other. Specify	Credit Card	1		_

Debtor Debtor	1 Thomas M Rivera 2 Liliana E Cruz		Case number (if know)	
4.2	Bethpage FCU	Last 4 digits of account number	5738	\$5,522.00
	Nonpriority Creditor's Name 899 S. Oyster Bay Rd Attn: Bankruptcy Bethpage, NY 11714 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim in		
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharin	o plans, and other similar debts	
	□ Yes	Other. Specify Credit Card		
4.3	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	3625	\$2,521.00
	Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 08/15 Last Active 6/06/17	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only			
	Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	
4.4	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	6383	\$739.00
	Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 02/15 Last Active 1/01/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	

	1 Thomas M Rivera 2 Liliana E Cruz		Case number (if know)			
4.5	Citibank	Last 4 digits of account number	0803	\$3,576.01		
	Nonpriority Creditor's Name Citicorp Credt Srvs/Centr Po Box 790040	When was the debt incurred?	2015	. ,		
	Saint Louis, MO 63179	_				
	Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply			
	Who incurred the debt? Check one.	_				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit card				
4.6	Credit First Ntl Assoc	Last 4 digits of account number	4631	\$981.00		
	Nonpriority Creditor's Name Firestone		Opened 02/16 Last Active			
	Attn: BK Credit Operati	When was the debt incurred?	2/13/17			
	Po Box 81315					
	Cleveland, OH 44181 Number Street City State Zlp Code	As of the data you file, the claim	in Check all that apply			
	Who incurred the debt? Check one.	As of the date you file, the claim	s. Спеск ан тыт арргу			
	Debtor 1 only	O continue and				
		☐ Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed	d alaine.			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	 ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts 				
	■ No					
	□Yes	■ Other. Specify Charge Acc	count			
		· ,				
4.7	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	3222	\$2,772.00		
	Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 03/10 Last Active 2/04/18			
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	3			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	■ Other. Specify Credit Card	I			

	1 Thomas M Rivera 2 Liliana E Cruz		Case number (if know)				
4.8	Good Samaritan Hospital	Last 4 digits of account number	5216	\$1,867.22			
	Nonpriority Creditor's Name Attn: Patient Accounting 1000 Montauk Highway	When was the debt incurred?	10/24/2008	7 7			
	West Islip, NY 11795 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply				
	Who incurred the debt? Check one.						
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Judgment					
4.9	Kohls/Capital One	Last 4 digits of account number	8416	\$1,609.00			
	Nonpriority Creditor's Name Kohls Credit		Opened 08/07 Last Active				
	Po Box 3120	When was the debt incurred?	2/03/18				
	Milwaukee, WI 53201	- As of the data was file the alaim i	in Ol I III I				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	_	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc					
4.1	Kohls/Capital One	Last 4 digits of account number	3743	\$618.00			
0	Nonpriority Creditor's Name			40.0.00			
	Kohls Credit		Opened 05/17 Last Active				
	Po Box 3120 Milwaukee, WI 53201	When was the debt incurred?	6/23/17				
	Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte				
	■ No						
	☐ Yes	■ Other. Specify Charge Acc	count				

Debt Debt	or 1 Thomas M Rivera or 2 Liliana E Cruz		Case number (if know)				
4.1 1	Nassau Educators Fcu	Last 4 digits of account number	0943	\$10,098.00			
	Nonpriority Creditor's Name 264 E Merrick Rd Valley Stream, NY 11582	When was the debt incurred?	Opened 05/11 Last Active 11/13/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	a plane, and other similar debte				
	No	Debts to pension or profit-sharing					
	Yes	Other. Specify Credit Card	<u> </u>				
4.1 2	Nassau Educators Fcu	Last 4 digits of account number	6403	\$8,457.00			
	Nonpriority Creditor's Name 264 E Merrick Rd Valley Stream, NY 11580	When was the debt incurred?	Opened 07/16 Last Active 2/15/18				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Unsecured					
4.1	Synchrony Bank/Walmart Nonpriority Creditor's Name	Last 4 digits of account number	9839	\$6,238.00			
	Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 10/15 Last Active 6/06/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sena	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	adion agreement of divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐Yes	Other. Specify Credit Card	I				

Debtor 1 Debtor 2	Thomas M Rivera Liliana E Cruz		Case number (if know)	
T	Synchrony Bank/Walmart	Last 4 digits of account number	7399	\$3,142.00
<i>A</i>	lonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 11/15 Last Active 1/25/18	
N	lumber Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
_	Debtor 1 only	☐ Contingent		
_	Debtor 2 only	☐ Unliquidated		
_	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
d	☐ Check if this claim is for a community ebt		ration agreement or divorce that you did not	
ls	s the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
[Yes	Other. Specify Credit Card	<u> </u>	
י ו כן	US Bank/RMS CC	Last 4 digits of account number	8500	\$4,391.00
<i>A</i> F	Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201	When was the debt incurred?	Opened 12/10 Last Active 1/19/18	
N	lumber Street City State ZIp Code Vho incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	ebt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
ls	s the claim subject to offset?	report as priority claims	,,	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
[Yes	Other. Specify Credit Card	<u> </u>	
	/isa Dept Store Ntl/Macys	Last 4 digits of account number	0196	\$869.00
<i>A</i> F	lonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 Mason, OH 45040	When was the debt incurred?	Opened 12/16 Last Active 5/25/17	
N	lumber Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
_	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
_	☐ Check if this claim is for a community	☐ Student loans		
d	ebt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is	s the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
[Yes	Other. Specify Charge Acc	count	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 T Debtor 2 L				Case n	umber (if know	w)
is trying to have more	collect fro	m you for a debt you owe t	to someone else, list the original creditor s that you listed in Parts 1 or 2, list the add	in Parts 1	or 2, then list	arts 1 or 2. For example, if a collection agency the collection agency here. Similarly, if you f you do not have additional persons to be
Name and Ad	dress		On which entry in Part 1 or Part 2 did yo	ou list the o	riginal creditor	?
ARS Natio	nal Serv	/ices				Priority Unsecured Claims
P.O. Box 4			İ	Part 2: 0	Creditors with N	Nonpriority Unsecured Claims
Escondido	o, CA 92	046	Last 4 digits of account number			
Name and Ad			On which entry in Part 1 or Part 2 did yo	ou list the o	riginal creditor	?
ARS Natio		/ices	Line 4.16 of (<i>Check one</i>):	☐ Part 1: 0	Creditors with F	Priority Unsecured Claims
P.O. Box 4 Escondido		046	1	Part 2: 0	Creditors with I	Nonpriority Unsecured Claims
			Last 4 digits of account number			
Name and Ad Client Ser		c	On which entry in Part 1 or Part 2 did yo Line 4.6 of (<i>Check one</i>):		-	? Priority Unsecured Claims
3451 Harry						
		63301-4047	'	■ Part 2: (Creditors with I	Nonpriority Unsecured Claims
	,		Last 4 digits of account number			
Name and Ad			On which entry in Part 1 or Part 2 did yo			
Firstsource 205 Bryan						Priority Unsecured Claims
Amherst,				Part 2:	Creditors with I	Nonpriority Unsecured Claims
,		•	Last 4 digits of account number			
Name and Ad	dress		On which entry in Part 1 or Part 2 did yo	ou list the o	riginal creditor	2
Frontline		rategie	_ · · · · · · · · · · · · · · · · · · ·		-	· Priority Unsecured Claims
1935 W. C						Nonpriority Unsecured Claims
Suite 425	_			— Fait 2. V	Cieditors with i	Nonpholity offsecured Claims
Saint Paul	I, MN 55	113-2797	Lock delicitor of consumb country			
			Last 4 digits of account number			
Name and Ad		_	On which entry in Part 1 or Part 2 did yo	u list the o	riginal creditor	?
JH Portfol		•	Line 4.5 of (Check one):	☐ Part 1: (Creditors with F	Priority Unsecured Claims
5757 Phan Suite 225	itom Dr.			Part 2: 0	Creditors with I	Nonpriority Unsecured Claims
Hazelwoo	d MO 63	3042				
	u,• •		Last 4 digits of account number			
Name and Ad	ldress		On which entry in Part 1 or Part 2 did yo	ou list the o	riginal creditor	?
National E		e Syst.		_	Ü	· Priority Unsecured Claims
29125 Sol	on Road			_		Nonpriority Unsecured Claims
Solon, OH	44139-3	3442		— 1 an 2. v	orealiors with i	vonpriority onsecured Glaims
			Last 4 digits of account number			
Name and Ad	dress		On which entry in Part 1 or Part 2 did yo	ou list the o	riginal creditor	?
Smith Car			Line 4.8 of (Check one):	□ Part 1: 0	Creditors with F	Priority Unsecured Claims
5036 Jeric			I	Part 2: 0	Creditors with I	Nonpriority Unsecured Claims
Commack	i, NY 117	25	Last 4 digits of account number			
			<u> </u>			
Part 4: A	dd the A	mounts for Each Type o	f Unsecured Claim			
6. Total the au			I claims. This information is for statistical	reporting	purposes onl	y. 28 U.S.C. §159. Add the amounts for each
					т	otal Claim
	6a.	Domestic support obliga	tions	6a.	\$	0.00
Total					· <u></u>	
claims	Ch.	Tayon and cortain others	dobte you awa the government	er.	¢.	0.00
from Part 1	6b.		debts you owe the government	6b.	» ———	0.00
	6c. 6d.	= = = = = = = = = = = = = = = = = = =	onal injury while you were intoxicated y unsecured claims. Write that amount here.	6c. 6d.	Φ	0.00 0.00
	ou.	- mon Add an other priority	y anosoured ordinos. Write that amount here.	ou.	Ψ	0.00
	6e	Total Priority. Add lines 6	a through 6d	6e.	¢	0.00

Debtor 1 **Thomas M Rivera**Debtor 2 **Liliana E Cruz**

Case number (if know)

				Total Claim
Total claims	6f.	Student loans	6f.	\$ 0.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 58,828.23
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 58,828.23

Fill in this infor					
Debtor 1	Thomas M Rivera	1			
	First Name	Middle Name	Last Name		
Debtor 2	Liliana E Cruz				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3	<u> </u>		0.0.0	2 0000	
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

Fill in this	s information to i	dentify your	case:			
Debtor 1	Thom	as M Rivera				
	First Nam		Middle Name	Last Name		
Debtor 2 (Spouse if, fil		a E Cruz	Middle Name	Last Name		
	3,					
United Sta	ates Bankruptcy C	ourt for the:	EASTERN DISTRICT	OF NEW YORK		
Case num	nber					
(if known)						☐ Check if this is an
						amended filing
Officia	J Form 10	eП				
	al Form 10					
Sched	dule H: Yo	ur Code	ebtors			12/15
1. Do No Ye 2. Wir Arizon No Ye 3. In Co in line Form	thin the last 8 yeans, California, Idalo. Go to line 3. es. Did your spous olumn 1, list all of e 2 again as a con 106D), Schedule	ars, have you no, Louisiana, e, former spou	lived in a community Nevada, New Mexico, F se, or legal equivalent li ors. Do not include you that person is a guara	property state or territory Puerto Rico, Texas, Washing we with you at the time? our spouse as a codebtor is antor or cosigner. Make s	? (Community proper gton, and Wisconsin. f your spouse is filir ure you have listed t	ty states and territories include g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
out C	Column 2. Column 1: Your	odebtor			Column 2: The cr	editor to whom you owe the debt
	Name, Number, Street		P Code		Check all schedul	
2 1					□ Cabadula D 15	
3.1	Name				☐ Schedule D, lir☐ Schedule E/F,	
					☐ Schedule G, lir	
	News have				-	
	Number Si City	reet	State	ZIP Code		
2.0					Польть	
3.2	Name				Schedule D, lir	Para .
					☐ Schedule E/F,☐ Schedule G, lir	
	Northern				- Conedule G, III	
	Number Si City	reet	State	ZIP Code		
	- 9			0000		

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	n this information to identify your cator 1 Thomas M R	ivoro			
Den	Inomas W R	ivera			
	tor 2 Liliana E Cruse, if filing)	JZ			
Unit	ed States Bankruptcy Court for the	EASTERN DISTRICT	OF NEW YORK		
Case (If kno	e number 				Check if this is:
					A supplement showing postpetition chapte 13 income as of the following date:
$\bigcap f$	ficial Form 106l				MM / DD/ YYYY
<u> </u>					
Se assupp	chedule I: Your Income second to the second	sible. If two married peop are married and not filin r spouse is not filing wit	g jointly, and yo h you, do not in	ur spouse is livin clude information	12 nd Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed ase number (if known). Answer every questi
Sc assupp	chedule I: Your Income second to the second	sible. If two married peop are married and not filin r spouse is not filing wit	g jointly, and yo h you, do not in	ur spouse is livin clude information	nd Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed
Se as supp spou attac	chedule I: Your Incomplete and accurate as possiblying correct information. If you are separated and you has separate sheet to this form. On the separate sheet to this form. If you have more than one job,	sible. If two married peop are married and not filin r spouse is not filing wit On the top of any additio	g jointly, and yo h you, do not in nal pages, write	ur spouse is livin clude information	nd Debtor 2), both are equally responsible for g with you, include information about your a about your spouse. If more space is needed ase number (if known). Answer every questi
Scanners and services are services and servi	chedule I: Your Incomplete and accurate as possiblying correct information. If you are separated and you has separate sheet to this form. On the property of t	sible. If two married peop are married and not filin r spouse is not filing wit	g jointly, and yo th you, do not in onal pages, write Debtor 1	ur spouse is livin clude informatior your name and c	nd Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed as a number (if known). Answer every question Debtor 2 or non-filing spouse
Scanners and services are services and servi	scomplete and accurate as posselying correct information. If you use. If you are separated and you has separate sheet to this form. On the separate sheet to this form.	sible. If two married peop are married and not filin r spouse is not filing wit On the top of any additio	g jointly, and you have, do not in an pages, write better 1 Employed	ur spouse is livin clude informatior your name and c	nd Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed asse number (if known). Answer every question Debtor 2 or non-filing spouse
Se as supp spou attac	scomplete and accurate as posselying correct information. If you see. If you are separated and you has separate sheet to this form. On the complete information. If you have more than one job, attach a separate page with information about additional	sible. If two married peop are married and not filin r spouse is not filing wit On the top of any addition	g jointly, and young jointly, and young do not in the pages, write pages, write pages. Debtor 1 Employed Not employed	ur spouse is livin clude information your name and c	Debtor 2 or non-filing spouse Employed Not employed
Sc Be as supp spou attac	scomplete and accurate as posselying correct information. If you ise. If you are separated and you has separate sheet to this form. On the separate sheet to this form.	sible. If two married peop are married and not filin r spouse is not filing wit On the top of any addition Employment status	pg jointly, and young jointly, and young do not in the pages, write pages, write pages. Debtor 1 Employed Not employed Team Lead	ur spouse is livin clude information your name and o	nd Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed asse number (if known). Answer every question Debtor 2 or non-filing spouse Employed Not employed Factory Work

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 1,948.08 2,004.39 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 1,948.08 2,004.39

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Thomas M Rivera Liliana E Cruz		С	ase number (if known)				
					For Debtor 1		r Debtor n-filing s		
	Сор	y line 4 here	4.	-	\$1,948.08	\$		004.39	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	. :	\$ 289.33	\$		403.85	
	5b.	Mandatory contributions for retirement plans	5b.	. :	\$ 0.00	\$		0.00	=
	5c.	Voluntary contributions for retirement plans	5c.	. :	\$ 0.00	\$		20.00	-
	5d.	Required repayments of retirement fund loans	5d.	. :	\$ 0.00	\$		41.28	-
	5e.	Insurance	5e.	. :	\$ 0.00	\$		0.00	-
	5f.	Domestic support obligations	5f.	:	\$ 0.00	\$		0.00	_
	5g.	Union dues	5g.	. :	\$ 0.00	\$		0.00	_
	5h.	Other deductions. Specify:	_ 5h.	.+ :	\$0.00	+ \$_		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	289.33	\$_		465.13	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	1,658.75	\$_	1,	539.26	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$ 0.00	\$		0.00	
	8b.	Interest and dividends	8b.	-	\$	\$_		0.00	=
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.00	Ψ_ \$		0.00	-
	8d.	Unemployment compensation	8d.		\$ 0.00	\$		0.00	_
	8e.	Social Security	8e.		\$ 0.00	\$_		0.00	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g.		\$ \$ 0.00	\$_ \$_		0.00	_
	8h.	Other monthly income. Specify: Son Contribution	8h.	-	<u> </u>	+ \$_		250.00	=
	OH.	Strief monthly income: Specify. Son Contribution	_ 011.	т.	Ψ	΄,Ψ_		250.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_		250.0	0
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	1,658.75 + \$	1.	789.26	= \$	3,448.01
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_					0,110101
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		.,	•			0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					e. 12.	\$	
13	Dov	ou expect an increase or decrease within the year after you file this form	?					monthl	y income
		No.	•						
		Yes. Explain:							

Official Form 106I Schedule I: Your Income page 2

Filli	n this informa	ation to identify yo	our case:							
						O.b.				
Debt	or 1	Thomas M R	livera				eck if this is An amer	s: nded filing		
Debt	or 2	Liliana E Cru	JZ				A supple	ment shov	wing postpetition cha	pter
(Spo	use, if filing)						13 exper	nses as of	the following date:	
Unite	ed States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF NEW YO	ORK		MM / DD	/ YYYY		
1	e number nown)									
Of	ficial Fo	orm 106J								
		J: Your	Exper	ises						12/1
Be a info	as complete rmation. If m nber (if know	and accurate as nore space is ne n). Answer eve	s possible. eded, atta ry question	. If two married people ar ich another sheet to this						
Part 1.	1: Desci	ribe Your House	∌hold							
١.	□ No. Go to									
	_	es Debtor 2 live	in a separ	ate household?						
			·							
	■ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2.			
2.	Do you hav	e dependents?	■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Depe age	ndent's	Does dependent live with you?	
	Do not state	the							□ No	
	dependents	names.							☐ Yes	
									□ No □ Yes	
									□ No	
									☐ Yes	
									□ No	
3.	Do vour exi	penses include	_						☐ Yes	
O.	expenses o	of people other to d your depende	:han 👝	No Yes						
exp	mate your ex	a date after the	our bankrı	ly Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i>	orm as a s	supplemer the box at	nt in a Cha the top o	apter 13 case to rep f the form and fill i	ort n the
the		h assistance an		government assistance it luded it on <i>Schedule I:</i> Y				Your exp	enses	
4.		or home owners nd any rent for th		ses for your residence. In	nclude first mortgage	e 4.	\$		1,000.00	
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a.	\$		0.00	
	4b. Prope	erty, homeowner's				4b.	\$		0.00	
				upkeep expenses		4c.			0.00	
5.		eowner's associate mortgage payme		dominium dues our residence, such as hoi	me equity loans	4d. 5.			0.00	

ebtor 1	Thomas M Rivera			
ebtor 2	Liliana E Cruz	Case num	ber (if known)	
. Utili	ries:			
6a.	Electricity, heat, natural gas	6a.	\$	150.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
6d.	Other. Specify:	6d.	\$	0.00
Foo	d and housekeeping supplies	7.	\$	400.00
Chile	dcare and children's education costs	8.	\$	0.00
Clot	hing, laundry, and dry cleaning	9.	\$	50.00
Pers	onal care products and services	10.	\$	50.00
Med	ical and dental expenses	11.	\$	50.00
	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	200.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
	ritable contributions and religious donations	14.	\$	0.00
	rance.	17.	Ψ	0.00
	ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	200.00
15d.	Other insurance. Specify:	15d.	\$	0.00
Taxe	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec	•	16.	\$	0.00
	allment or lease payments:	170	¢.	400.00
	Car payments for Vehicle 1	17a.		199.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17c. 17d.	\$ \$	0.00
	Other. Specify:		Ф	0.00
	r payments of alimony, maintenance, and support that you did not report a acted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		\$	0.00
	er payments you make to support others who do not live with you.	•	\$	0.00
Spec		19.		
Othe	er real property expenses not included in lines 4 or 5 of this form or on Sch	nedule I: Yo	our Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	Maintenance, repair, and upkeep expenses	20d.	· · · · · · · · · · · · · · · · · · ·	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	er: Specify:	21.	+\$	0.00
Calc	ulate your monthly expenses			
	Add lines 4 through 21.		\$	2,449.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	1,609.00
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,058.00
Calc	ulate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,448.01
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	4,058.00
				•
23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	-609.99
	The result is your monthly net income.	200.	<u> </u>	200.00
For e	YOU EXPORT ONLY TO BE ADD TO SET ONLY OF SET OF SE			e or decrease because o
■ N	0.			
Пν	es Evolain here:			

Debt Debt		a	Case number	er (if known)	
Fill ir	n this information to identify	your case:			
Debto	or 1 Thomas N	l Rivera	Check if	this is:	
Debto	or 2 Liliana E (Cruz	As	amended filing upplement showing penses as of the following the followin	postpetition chapter 13 owing date:
Unite	d States Bankruptcy Court for	the: EASTERN DISTRICT OF NEW Y	ORK MN	I / DD / YYYY	
Case (If kno	number				
Sc Use Debi	this form for Debtor 2's s tor 2 have one or more d o only with respect to exp	J-2 Dur Expenses for Separate household expenses ONLY I ependents in common, list the dependences for Debtor 2 that are not reported the sheet to this form. On the top of a	F Debtor 1 and Debtor 2 main dents on both Schedule J and ted on Schedule J. Be as con	tain separate hous I this form. Answinglete and accurate	seholds. If Debtor 1 and er the questions on this e as possible. If more
Part		usehold			
1.	Do you and Debtor 1 ma ☐ No. Do not comple Yes	intain separate households? ete this form.			
2.	Do you have dependents	s? ■ No			
	Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.	☐ Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes
					□ No □ Yes
					□ No □ Yes
					□ No □ Yes
	Do your expenses include expenses of people other yourself and your dependent	er than			
		going Monthly Expenses f your bankruptcy filing date unless y ne bankruptcy is filed.	rou are using this form as a su	upplement in a Cha	apter 13 case to report
		th non-cash government assistance i included it on <i>Schedule I: Your Incon</i>		Your expenses	
4.	The rental or home own payments and any rent for	ership expenses for your residence. In	nclude first mortgage 4. \$.	0.00
	If not included in line 4:				
	4a. Real estate taxes4b. Property, homeown	er's, or renter's insurance	4a. \$ 4b. \$	·	0.00

Official Form 106J Schedule J: Your Expenses page 3

	Thomas M Rivera Liliana E Cruz	Case numl	ber (if known)	
-		Ouse num		
4c.	Home maintenance, repair, and upkeep expenses	4c.	\$	0.00
4d.	Homeowner's association or condominium dues	4d.	\$	0.00
Additi	onal mortgage payments for your residence, such as home equity loans	5.	\$	0.00
Utilitie	es:			
6a.	Electricity, heat, natural gas	6a.	\$	200.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
6d.	Other. Specify:	6d.	\$	0.00
Food	and housekeeping supplies	7.	\$	400.00
Childo	care and children's education costs	8.	\$	0.00
Clothi	ng, laundry, and dry cleaning	9.	\$	50.00
Perso	nal care products and services	10.	\$	50.00
Medic	al and dental expenses	11.	\$	50.00
Trans	portation. Include gas, maintenance, bus or train fare.			200.00
	t include car payments.	12.	·	200.00
	ainment, clubs, recreation, newspapers, magazines, and books	13.	\$	25.00
	able contributions and religious donations	14.	\$	0.00
. Insura	****			
	t include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	¢	0.00
		15a. 15b.	*	0.00
	Health insurance			0.00
	Vehicle insurance	15c.	· ·	200.00
	Other insurance. Specify:	15d.	Ф	0.00
Specif	 Do not include taxes deducted from your pay or included in lines 4 or 20. y: 	16.	\$	0.00
	ment or lease payments:			
	Car payments for Vehicle 1	17a.	· ·	334.00
	Car payments for Vehicle 2	17b.		0.00
	Other. Specify:	17c.	\$	0.00
. Your p	payments of alimony, maintenance, and support that you did not report as sted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
. Other	payments you make to support others who do not live with you.		\$	0.00
Specif		19.		
	real property expenses not included in lines 4 or 5 of this form or on Sche			
	Mortgages on other property	20a.	· -	0.00
	Real estate taxes	20b.	*	0.00
20c.	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.	*	0.00
20e.	Homeowner's association or condominium dues	20e.	·	0.00
. Other:	Specify:	21.	+\$	0.00
	monthly expenses. Add lines 5 through 21.		\$	1,609.00
	sult is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedu ate the total expenses for Debtor 1 and Debtor 2.	le J to		
3. Line no	ot used on this form.			
4. Do yo For exa	to use the form. u expect an increase or decrease in your expenses within the year after young ample, do you expect to finish paying for your car loan within the year or do you expect you ation to the terms of your mortgage?			or decrease because of a

— 110.	
☐ Yes.	Explain here:

Fill in this inform	ation to identify your	case:					
Debtor 1	Thomas M Rivera	ı					
	First Name	Middle Name	Last N	ame			
Debtor 2	Liliana E Cruz	Middle Nove	1 (N				
(Spouse if, filing)	First Name	Middle Name	Last N	ame			
United States Ban	kruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK				
Case number						☐ Check i amende	f this is an ed filing
Official Form	-	ın Individua	l Debto	r'e	Schedules		12/15
Deolarati	OII ADOUL U	III IIIaiviaaa	Debte		Outroduics		12/15
If two married peo	ple are filing together	, both are equally resp	onsible for sup	plyin	g correct information.		
obtaining money o years, or both. 18	or property by fraud ir U.S.C. §§ 152, 1341, 1 Below	n connection with a bar	nkruptcy case o	an re	dules. Making a false sta	000, or imprisonme	nt for up to 20
	or agree to pay some	one who is NOT an atto	orney to help ye	ou fill	out bankruptcy forms?		
■ No							
☐ Yes. Na	ame of person					ankruptcy Petition Pre on, and Signature (Of	
	y of perjury, I declare true and correct.	that I have read the sur	mmary and sch	edule	es filed with this declara	tion and	
X /s/ Thom	nas M Rivera		X /9	s/ Lili	ana E Cruz		
	M Rivera				a E Cruz		
Signature	of Debtor 1		S	ignatu	ure of Debtor 2		
Date A	pril 27, 2018			ate _	April 27, 2018		

Official Form 106Dec

Fil	l in this info	mation to identify your	case:				
De	btor 1	Thomas M River	a				
Do	btor 2	First Name	Middle Name		Last Name		
	ouse if, filing)	Liliana E Cruz First Name	Middle Name		Last Name		
Un	ited States B	ankruptcy Court for the:	EASTERN DISTRI	CT OF NEW	YORK		
Ca	se number						
	nown)					_	neck if this is an nended filing
Oi	ficial Fo	orm 107					
		t of Financial	Affairs for Inc	dividual	s Filing for B	ankruptcy	4/16
info nur	ormation. If in the state of th	more space is needed, vn). Answer every ques	attach a separate sho tion.	eet to this fo	orm. On the top of any	equally responsible for supp	
		Details About Your Ma		e fou Lived	i Before		
1.	wnat is yo	ur current marital statu	S?				
	■ Marrie □ Not ma						
2.	During the	last 3 years, have you	lived anywhere other	than where	you live now?		
	■ No						
	_	ist all of the places you li	ved in the last 3 years	. Do not inclu	ude where you live now	<i>'</i> .	
	Debtor 1 F	Prior Address:	Dates Del		Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat						ity property state or territory?	
	■ No						
	☐ Yes. M	lake sure you fill out Sch	edule H: Your Codebt	ors (Official F	Form 106H).		
Pa	rt 2 Expla	ain the Sources of You	Income				
4.	Fill in the to	ve any income from en tal amount of income you ing a joint case and you	u received from all jobs	s and all busi	inesses, including part-		dar years?
	□ No ■ Yes. F	ill in the details.					
			Debtor 1			Debtor 2	
			Sources of income Check all that apply.	(be	oss income fore deductions and clusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		1 of current year until ed for bankruptcy:	■ Wages, commission bonuses, tips	ons,	\$6,545.74	■ Wages, commissions, bonuses, tips	\$7,735.87
			☐ Operating a busine	ess		☐ Operating a business	

Official Form 107

Debtor 2	Liliana E Cruz		Cas	e number (if known)		
		Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc		Gross income (before deductions and exclusions)
	alendar year: 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$23,565.00	■ Wages, combonuses, tips	ımissions,	\$34,177.00
		☐ Operating a business		☐ Operating a	business	
	alendar year before that: 1 to December 31, 2016)	■ Wages, commissions, bonuses, tips	\$29,552.00	■ Wages, combonuses, tips	ımissions,	\$35,274.00
		☐ Operating a business		☐ Operating a	business	
= N	ach source and the gross in No Yes. Fill in the details.	Debtor 1 Sources of income Describe below.	Gross income from each source	Debtor 2 Sources of inc Describe below	come	Gross income (before deductions
			(before deductions and exclusions)			and exclusions)
Part 3:	List Certain Payments Yo	ou Made Before You Filed for	Bankruptcy			
<u> </u>	No. Neither Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that not include * Subject to adjustments.	2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or househouse for eyou filed for bankruptcy, die 7. If a creditor to whom you paid creditor. Do not include payment le payments to an attorney for the lent on 4/01/19 and every 3 years to both have primarily consumer or you filed for bankruptcy, die of both primarily consumer.	Immer debts. Consumer debtald purpose." d you pay any creditor a total d a total of \$6,425* or more into for domestic support oblighis bankruptcy case. s after that for cases filed on Immer debts.	Il of \$6,425* or mo in one or more pay gations, such as ch or after the date o	re? /ments and th nild support a of adjustment.	ne total amount you nd alimony. Also, do
	include pa	e 7. v each creditor to whom you pai ayments for domestic support o or this bankruptcy case.				
Cred	itor's Name and Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this p	payment for
264	sau Educators Fcu E Merrick Rd ey Stream, NY 11580	03/18 02/18 01/18	\$720.00	\$9,473.00	☐ Mortga@☐ Car☐ Credit C☐ Loan Re☐ Supplie☐ Other	Card

Debtor 1 Thomas M Rivera

ebt	or 2 Liliana E Cruz		Cas	se number (if known)	
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Nmac Attn: Bankruptcy Po Box 660360 Dallas, TX 75266	03/18 02/18 01/18	\$597.00	\$10,486.00	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
	Toyota Financial Services Attn: Bankruptcy Po Box 8026 Cedar Rapids, IA 52409	03/18 02/18 01/18	\$1,002.00	\$18,511.00	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
6	Nithin 1 year before you filed for bankrup nsiders include your relatives; any general pof which you are an officer, director, person is business you operate as a sole proprietor. alimony.	partners; relatives of any gent control, or owner of 20%	eneral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a general partner; corporations ny managing agent, including one fo
[■ No □ Yes. List all payments to an insider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
i	Nithin 1 year before you filed for bankrup nsider? nclude payments on debts guaranteed or co		ayments or transfer a	any property on a	ccount of a debt that benefited an
	■ No☐ Yes. List all payments to an insider				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
art	4: Identify Legal Actions, Repossession	ons, and Foreclosures			
L	Nithin 1 year before you filed for bankrup ist all such matters, including personal injur nodifications, and contract disputes.				
	☐ No ■ Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency		Status of the case
	U.S. ROF III vs Ramon A. Cruz Lilianna E. Cruz	Foreclosure	Suffolk County 1 Court St Riverhead, NY	-	■ Pending□ On appeal□ Concluded

		Case number	(if known)
10.			, garnished, attached, seized, or levied?
	Check all that apply and fill in the details bei	w.	
	No. Go to line 11.		
		Describe the Brownster	Data Value of the
Yes. Fill in the information below. Creditor Name and Address Describe the Property Explain what happened		Date Value of the property	
		Explain what happened	
11.	accounts or refuse to make a payment be		stitution, set off any amounts from your
	_ 140		
	Creditor Name and Address	Describe the action the creditor took	
12.			assignee for the benefit of creditors, a
	No		
	☐ Yes		
Par	t 5: List Certain Gifts and Contributions		
12	Within 2 years before you filed for hankr	ntoy did you give any gifts with a total value of more th	22n \$600 per person?
10.	_ '	picy, and you give any gints with a total value of more in	ian 4000 per person:
	☐ Yes. Fill in the details for each gift.		
	·	Describe the gifts	
14.	_	ptcy, did you give any gifts or contributions with a tota	I value of more than \$600 to any charity?
	☐ Yes. Fill in the details for each gift or co	ntribution.	
	more than \$600 Charity's Name	tal Describe what you contributed	•
Par	t 6: List Certain Losses		
	Within 1 year before you filed for bankrup or gambling?	tcy or since you filed for bankruptcy, did you lose anyt	hing because of theft, fire, other disaster,
	_		
	Describe the property you lost and how the loss occurred	nclude the amount that insurance has paid. List pending	
Par	t 7. List Cartain Payments or Transfers		
	Within 1 year before you filed for bankru consulted about seeking bankruptcy or p	reparing a bankruptcy petition?	
	_		
	No■ Yes. Fill in the details.		
	Person Who Was Paid	Description and value of any property	Date payment Amount of
	Address Email or website address Person Who Made the Payment, if Not Y	transferred	or transfer was payment made
Offici		ement of Financial Affairs for Individuals Filing for Bankruptcy	page 4

Debtor 1 Thomas M Rivera Debtor 2 Liliana E Cruz Case number (if known) Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Jacoby & Jacoby, Attorneys At Law 04/23/18 \$800.00 **Attorney Fees** 1737 NORTH OCEAN AVENUE Medford, NY 11763 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο п Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of transferred or transfer was Address payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. П Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was **Address** property transferred payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. п Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it?

State and ZIP Code)

	tor 2 Liliana E Cruz		Case number (if known)	
22.	Have you stored property in a storage unit or pl	ace other than your home within 1	year before you filed for bankruptcy	??
	■ No □ Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	State and ZIP Code)			
23.	Do you hold or control any property that someo for someone.	one else owns? Include any proper	ty you borrowed from, are storing fo	r, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	10: Give Details About Environmental Informa	ation		
For	he purpose of Part 10, the following definitions	apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the airegulations controlling the cleanup of these sub	ir, land, soil, surface water, ground		
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s	mental law defines as a hazardous	s waste, hazardous substance, toxic	substance,
Ren	ort all notices, releases, and proceedings that yo		they occurred	
	Has any governmental unit notified you that you		•	ental law?
	■ No	, , ,		
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ronmental law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Con	nections to Any Business		
27.	Within 4 years before you filed for bankruptcy, o	did you own a business or have an	y of the following connections to an	y business?
	☐ A sole proprietor or self-employed in a t	rade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)	
Offici	al Form 107 Statement of	of Financial Affairs for Individuals Filing	for Bankruptcy	page

	otor 1 otor 2	Thomas M Rivera Liliana E Cruz		Cas	e number (if known)
	I	☐ A partner in a partnership			
	ļ	☐ An officer, director, or managing exe	ecutive of a corporation		
	1	☐ An owner of at least 5% of the voting	g or equity securities of a corporation		
		No. None of the above applies. Go to P	Part 12.		
		Yes. Check all that apply above and fill	in the details below for each business	.	
		iness Name ress	Describe the nature of the business		Employer Identification number Do not include Social Security number or ITIN.
		ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed
28.	Withi	in 2 years before you filed for bankrupt	cv. did you give a financial statement t	o an	yone about your business? Include all financial
20.		utions, creditors, or other parties.	oy, ala you givo a illianolal olalollolli i	o un	your about your buoiness. Insulate an initialistal
		No			
		Yes. Fill in the details below.			
	Nam Add (Num		Date Issued		
Par	t 12:	Sign Below			
are t	true ai a bar		false statement, concealing property, o	or ob	eclare under penalty of perjury that the answers staining money or property by fraud in connection rs, or both.
/s/	Thon	nas M Rivera	/s/ Liliana E Cruz		
		M Rivera e of Debtor 1	Liliana E Cruz Signature of Debtor 2		
Dat	e A	pril 27, 2018	DateApril 27, 2018		
Did ■ N	10	ttach additional pages to Your Stateme	nt of Financial Affairs for Individuals F	Filing	for Bankruptcy (Official Form 107)?
Did ■ N	•	ay or agree to pay someone who is not	an attorney to help you fill out bankru	ptcy	forms?
		ame of Person Attach the Bankru	otcy Petition Preparer's Notice, Declaration	on, aı	nd Signature (Official Form 119).

Fill in this infor	mation to identify your	case:		
Debtor 1	Thomas M Rivera	ı		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	Liliana E Cruz First Name	Middle Nome	Last Name	
(Spouse II, IIIIng)	First Name	Middle Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTR	RICT OF NEW YORK	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Fo	orm 108			
		n for Indiv	iduals Filing Under Ch	anter 7
Stateme	iii Oi iiileiilio	ii ioi iiidiv	riduals I lillig Officer Ci	12/15
If you are an ind	lividual filing under cha	nter 7. vou must fil	Lout this form if:	
	e claims secured by yo	· -		
_	sed personal property a		ot expired	
•			you file your bankruptcy petition or by the	e date set for the meeting of creditors,
	•	e court extends th	e time for cause. You must also send cop	es to the creditors and lessors you list
on the	TORM			
		in a joint case, bo	th are equally responsible for supplying c	orrect information. Both debtors must
sign a	nd date the form.			
			s needed, attach a separate sheet to this fo	orm. On the top of any additional pages,
write y	our name and case nur	nber (if known).		
Part 1: List Y	our Creditors Who Have	e Secured Claims		
. =				. (000 : 15 (000) 000 : 1
information b		art 1 of Schedule L	: Creditors Who Have Claims Secured by	Property (Official Form 106D), fill in the
	reditor and the property t	hat is collateral	What do you intend to do with the prop	
			secures a debt?	as exempt on Schedule C?
Creditor's	Arch Bay Holdings Ll	.C	☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	
D			☐ Retain the property and enter into a	■ Yes
Description of property	f 62 Winston Drive I NY 11717 Suffolk		Reaffirmation Agreement.	
securing debt		County	Retain the property and [explain]:	l-in-a
securing debt			Retain collateral and continue ma regular payments	king
			regular payments	
Creditor's	Nassau Educators Fc	u	Surrender the property.	■ No
name:			☐ Retain the property and redeem it.	_
Description of	5 0000 A TOV		☐ Retain the property and enter into a	☐ Yes
Description of property	f 2008 Acura TSX Auto Loan		Reaffirmation Agreement.	
securing debt			☐ Retain the property and [explain]:	
Jug 400t				
Creditor's	Nmac		☐ Surrender the property.	■ No
name:			☐ Retain the property and redeem it.	
Description of	f 2015 Nissan Sentr	3	Retain the property and enter into a	☐ Yes
Description of	Auto Loan	a	Reaffirmation Agreement.	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1 Debtor 2		Case number (if	known)
prope securi	rty ng debt:	☐ Retain the property and [explain]:	
Credit	,	☐ Surrender the property. ☐ Retain the property and redeem it.	■ No
Descr	iption of 2013 Toyota Rav4	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
prope	rty Auto Loan ng debt:	☐ Retain the property and [explain]:	
Part 2:	List Your Unexpired Personal Property Lea	ases isted in Schedule G: Executory Contracts and Une	verified Losses (Official Form 1000) fill
in the inf	ormation below. Do not list real estate lease	is. Unexpired leases are leases that are still in effective if the trustee does not assume it. 11 U.S.C. § 36	ct; the lease period has not yet ended.
Describe	e your unexpired personal property leases		Will the lease be assumed?
Lessor's			□ No
Property	ion of leased :		☐ Yes
Lessor's			□ No
Property	ion of leased :		☐ Yes
Lessor's			□ No
Property	ion of leased :		☐ Yes
Lessor's			□ No
Property	ion of leased :		☐ Yes
Lessor's			□ No
Property	ion of leased :		☐ Yes
Lessor's			□ No
Property	ion of leased :		☐ Yes
Lessor's			□ No
Property	ion of leased :		☐ Yes
Part 3:	Sign Below		
	enalty of perjury, I declare that I have indicat that is subject to an unexpired lease.	ed my intention about any property of my estate th	at secures a debt and any personal
	Thomas M Rivera	X /s/ Liliana E Cruz	
	omas M Rivera nature of Debtor 1	Liliana E Cruz Signature of Debtor 2	
Dat	e Anril 27 2018	Date April 27 2018	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 2	Liliana E Cruz	Case number (if known)
Debtor 1	Thomas M Rivera	

Official Form 108

Fill in this info	rmation to identify your case:			eck one box only as	directed	in this form and	in Form
Debtor 1	Thomas M Rivera		122	2A-1Supp:			
Debtor 2 (Spouse, if filing)	Liliana E Cruz			1. There is no pres	sumptio	n of abuse	
United States	Bankruptcy Court for the: Eastern District of	New York		2. The calculation applies will be Calculation (Of	made ur	nder <i>Chapter 7 N</i>	•
Case number			,	_		,	_
(if known)				☐ 3. The Means Tes qualified militar		e but it could ap	
				☐ Check if this is a	an ame	nded filing	
Official F	Form 122A - 1						
Chapter	7 Statement of Your Cur	rent Moi	nthly Inc	ome			12/15
attach a separa case number (if qualifying milita	and accurate as possible. If two married people a te sheet to this form. Include the line number to w known). If you believe that you are exempted fror ary service, complete and file <i>Statement of Exemp</i> alculate Your Current Monthly Income	hich the addition n a presumption	nal information a of abuse becau	applies. On the top of a se you do not have pr	any addit imarily c	ional pages, write onsumer debts o	e your name and r because of
1. What is	your marital and filing status? Check one on	ly.					
☐ Not n	narried. Fill out Column A, lines 2-11.						
■ Marri	ed and your spouse is filing with you. Fill ou	t both Columns	A and B, lines	2-11.			
☐ Marri	ed and your spouse is NOT filing with you.	ou and your	spouse are:				
☐ Liv	ring in the same household and are not lega	lly separated.	Fill out both Co	lumns A and B, lines	2-11.		
pe	ring separately or are legally separated. Fill or enalty of perjury that you and your spouse are leading apart for reasons that do not include evading	gally separated	d under nonban	kruptcy law that appl	ies or th		
101(10A). For the 6 months	rerage monthly income that you received from all some example, if you are filing on September 15, the 6-mes, add the income for all 6 months and divide the total in the same rental property, put the income from that property.	onth period would by 6. Fill in the re	be March 1 throusult. Do not include	ugh August 31. If the am de any income amount r	nount of y more than	our monthly incom once. For example	e varied during le, if both
				Column A Debtor 1	Debt	mn B or 2 or filing spouse	
	oss wages, salary, tips, bonuses, overtime, a eductions).	and commission	ons (before all	\$ 1,948.08	\$	2,004.39	
3. Alimony	r and maintenance payments. Do not include B is filled in.	payments from	a spouse if	\$ 0.00	\$	0.00	
of you o from an a and roon	unts from any source which are regularly pa or your dependents, including child support. unmarried partner, members of your household nmates. Include regular contributions from a sp Do not include payments you listed on line 3.	Include regula , your depende	r contributions nts, parents,	\$ 0.00	\$	0.00	
5. Net inco	ome from operating a business, profession,						
			otor 1				
	ceipts (before all deductions)	\$ 0.00 -\$ 0.00					
-	and necessary operating expenses	0.00	Copy here ->	\$ 0.00	\$	0.00	
	thly income from a business, profession, or farr ome from rental and other real property	n \$	Copy note >	Ψ <u> </u>	Ψ	0.00	
6. Net inco	mio ironi rental and other real property	Dek	otor 1				
Gross re	ceipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00					
-	thly income from rental or other real property	\$ 0.00	Copy here ->	\$ 0.00	\$	0.00	

Official Form 122A-1

7. Interest, dividends, and royalties

0.00

0.00

Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you. S. 0.00 For your spouse S. 0.00 S. 0.00 S. 0.00 S. 0.00 S. 0.00 S. 0.00 To tinctive any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity or international or domestic terrorism. If necessary, list other sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on a separate page and put the total terview of the sources on the sources on a separate page and put the total terview of the source on the sources on a separate page and put the total terview of the sources on the sources on a separate page and put the secure of the sources on the sources on a separate page and put the secure of the sources on the sources on a separate page and	or 2 Liliana	E Cruz			Case numbe	r (if known)			
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Person or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Possion or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any amount services on a separate page and put the total below. Social Security Act.							Debtor 2 d		
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Persion or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime. a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. \$ 0.00 \$ 0.00 Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Calculate your total current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here> Calculate your current monthly income from line 11 Copy line 11 here> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form Calculate the median family income that applies to you. Follow these steps: Fill in the median family income that applies to you. Follow these steps: Fill in the median family income that applies to you. Follow these steps: Fill in the median family income that applies to you. Follow these steps: Fill in the median family income that applies to you. Follow these steps: Fill in the median family income for your state and size of household. Calculate the median family income for your state and size of household. Calculate the median family income for your state and size of household. Calculate the median family income for your state and size of household. Calculate the median family income for your state and size of household. Calculate the median family income for your state and size of household. Calculate the median family income for	Unemployme	ent compensation			\$	0.00		•	
Pension or retirement income. Do not includue any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12b. The result is your annual income for this part of the form 12b. Says 247,429.64 Calculate the median family income that applies to you. Follow these steps: Fill in the number of people in your household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Itiliana E Cruz Signature of Debtor 1 Date April 27, 2018 Date April 27, 2018	Do not enter	the amount if you contend that the amou	nt received was a ben	efit under	·				
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12b. The result is your annual income for this part of the form 12b. Says 247,429.64 Calculate the median family income that applies to you. Follow these steps: Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. In 16 2b is less than or equal to line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Sign Below By signing here, I declare under penality of perjury that the information on this statement and in any attachments is true and correct. X /s/ Itiliana E Cruz Signature of Debtor 1 Date April 27, 2018 Date April 27, 2018	For you		\$	0.00					
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Do not include any benefits received under the Social Security Act or payments received as a victim of a war criting, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Social Security Comments of the Column of the Security Co	Pension or r	retirement income. Do not include any a	mount received that w	as a	\$	0.00	\$	0.00	
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Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1,948.08					\$	0.00	\$	0.00	
Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 3,952.47 Multiply by 12 (the number of months in a year) X 12 12b. The result is your annual income for this part of the form 12b. The result is your annual income that applies to you. Follow these steps: Fill in the state in which you live. NY Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3 and fill out Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Thomas M Rivera Thomas M Rivera Signature of Debtor 1 Date April 27, 2018 Signature of Debtor 2 Date April 27, 2018	Tota	al amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
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X /s/ Thomas M Rivera Thomas M Rivera Signature of Debtor 1 Date April 27, 2018 X /s/ Liliana E Cruz Liliana E Cruz Signature of Debtor 2 April 27, 2018	3: Sign I	Below							
Thomas M Rivera Signature of Debtor 1 Date April 27, 2018 Liliana E Cruz Signature of Debtor 2 April 27, 2018 April 27, 2018	By signi	ng here, I declare under penalty of perjur	y that the information	on this sta	atement and	in any att	achments is t	true and c	correct.
Thomas M Rivera Signature of Debtor 1 Date April 27, 2018 Liliana E Cruz Signature of Debtor 2 April 27, 2018 April 27, 2018	X /s/TI	homas M Rivera	x	/s/ Lilia	na E Cruz				
<u> </u>	Thor	mas M Rivera		Liliana	E Cruz				
			Date		•				
	If you ch	necked line 14b, fill out Form 122A-2 and	file it with this form						

Thomas M Rivera

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In re	Thomas M Rivera Liliana E Cruz		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENSAT			. ,	
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:				
				1,415.00	
	Prior to the filing of this statement I have received		\$	800.00	
	Balance Due		\$	615.00	
2. T	he source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. T	he source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	I have not agreed to share the above-disclosed compensation	n with any other perso	n unless they are mem	abers and associates of my law firm.	
[I have agreed to share the above-disclosed compensation we copy of the agreement, together with a list of the names of the same of the sam				
5. I	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
b c.	 Analysis of the debtor's financial situation, and rendering ad Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and [Other provisions as needed] Negotiations with secured creditors to reduce 	of affairs and plan which confirmation hearing,	ch may be required; and any adjourned hea	arings thereof;	
	reaffirmation agreements and applications as 522(f)(2)(A) for avoidance of liens on househo	needed; preparatio	n and filing of mot	ions pursuant to 11 USC	
6. B	by agreement with the debtor(s), the above-disclosed fee does not be Representation of the debtors in any discharg any other adversary proceeding.	not include the following eability actions, jud	ng service: dicial lien avoidanc	es, relief from stay actions or	
	CER	RTIFICATION			
	certify that the foregoing is a complete statement of any agree inkruptcy proceeding.	ment or arrangement fo	or payment to me for i	representation of the debtor(s) in	
Ap	oril 27, 2018	/s/ Richard A. Ja	acoby, Esq.		
Da	ite	Richard A. Jaco Signature of Attorn			
			y, Attorneys At La	w	
		1737 North Oce Medford, NY 11			
		631-289-4600			
		Name of law firm			

United States Bankruptcy Court Eastern District of New York

In re	Thomas M Rivera Liliana E Cruz		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date:	April 27, 2018	/s/ Thomas M Rivera
		Thomas M Rivera
		Signature of Debtor
Date:	April 27, 2018	/s/ Liliana E Cruz
		Liliana E Cruz
		Signature of Debtor
Date:	April 27, 2018	/s/ Richard A. Jacoby, Esq.
		Signature of Attorney
		Richard A. Jacoby, Esq.
		Jacoby & Jacoby, Attorneys At Law
		1737 North Ocean Avenue
		Medford, NY 11763
		631-289-4600

USBC-44 Rev. 9/17/98

Arch Bay Holdings LLC 15480 Laguna Canyon Rd Irvine, CA 92618

ARS National Services P.O. Box 463023 Escondido, CA 92046

Bank of America 4909 Savarese Circle Fl1-908-01-50 Tampa, FL 33634

Bethpage FCU 899 S. Oyster Bay Rd Attn: Bankruptcy Bethpage, NY 11714

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank Citicorp Credt Srvs/Centr Po Box 790040 Saint Louis, MO 63179

Client Services, Inc. 3451 Harry Truman Blvd. Saint Charles, MO 63301-4047

Credit First Ntl Assoc Firestone Attn: BK Credit Operati Po Box 81315 Cleveland, OH 44181

Discover Financial Po Box 3025 New Albany, OH 43054

Firstsource Advantage LLC 205 Bryant Woods South Amherst, NY 14228

Frontline Asset Strategie 1935 W. Country Road B2 Suite 425 Saint Paul, MN 55113-2797

Good Samaritan Hospital Attn: Patient Accounting 1000 Montauk Highway West Islip, NY 11795

JH Portfolio Debt Equ 5757 Phantom Dr. Suite 225 Hazelwood, MO 63042

Knuckles, Komosinski &
Elliott, LLP
565 Taxter Road
Suite 590
Elmsford, NY 10523

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201

Nassau Educators Fcu 264 E Merrick Rd Valley Stream, NY 11582

Nassau Educators Fcu 264 E Merrick Rd Valley Stream, NY 11580

National Enterprise Syst. 29125 Solon Road Solon, OH 44139-3442

Nmac Attn: Bankruptcy Po Box 660360 Dallas, TX 75266

SHELDON MAY & ASS. 255 Merrick Rd Rockville Centre, NY 11570 Smith Carroad Levy &Wan 5036 Jericho Turnpike Commack, NY 11725

Synchrony Bank/Walmart Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Toyota Financial Services Attn: Bankruptcy Po Box 8026 Cedar Rapids, IA 52409

US Bank/RMS CC Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201

Visa Dept Store Ntl/Macys Attn: Bankruptcy Po Box 8053 Mason, OH 45040

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S):	Liliana E Cruz	CASE NO.:.
	Local Bankruptcy Rule 1073-2(b), Cases, to the petitioner's best knowle	the debtor (or any other petitioner) hereby makes the following disclosure edge, information and belief:
was pending at any spouses or ex-spous partnership and one have, or within 180	time within eight years before the fil es; (iii) are affiliates, as defined in 1 or more of its general partners; (vi)	oses of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case ing of the new petition, and the debtors in such cases: (i) are the same; (ii) are I U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a are partnerships which share one or more common general partners; or (vii) of the Related Cases had, an interest in property that was or is included in the
NO RELATED	CASE IS PENDING OR HAS BEEN	I PENDING AT ANY TIME.
☐ THE FOLLOWI	ING RELATED CASE(S) IS PENDI	NG OR HAS BEEN PENDING:
1. CASE NO.:	JUDGE: DISTRICT/DI	VISION:
CASE STILL PENI	DING (Y/N): [<i>If</i>	closed] Date of closing:
CURRENT STATU	US OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNED DINUI		
	•	to NOTE above):
	LISTED IN DEBTOR'S SCHEDUI F RELATED CASE:	E "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT/DI	/ISION:
CASE STILL PENI	DING (Y/N): [<i>If</i>	closed] Date of closing:
CURRENT STATU	US OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHI	ICH CASES ARE RELATED (Refer	to NOTE above):
	LISTED IN DEBTOR'S SCHEDUI F RELATED CASE:	E "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT/DI	/ISION:
CASE STILL PENI	DING (Y/N):	closed] Date of closing:

Thomas M Rivera

DISCLOSURE OF RELATED CASES (cont'd)		
CURRENT STATUS OF RELATED CASE:		
(Disc	charged/awaiting discharge, confirmed, dismissed, etc.)	
MANNER IN WHICH CASES ARE RELATED (Refer to N	OTE above):	
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A SCHEDULE "A" OF RELATED CASE:	" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN	
NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who be eligible to be debtors. Such an individual will be required	no have had prior cases dismissed within the preceding 180 days may not to file a statement in support of his/her eligibility to file.	
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTO	RNEY, AS APPLICABLE:	
I am admitted to practice in the Eastern District of New York	(Y/N): <u>Y</u>	
CERTIFICATION (to be signed by pro se debtor/petitioner or I certify under penalty of perjury that the within bankruptcy cas indicated elsewhere on this form.	r debtor/petitioner's attorney, as applicable): ase is not related to any case now pending or pending at any time, except	
/s/ Richard A. Jacoby, Esq. Richard A. Jacoby, Esq. Signature of Debtor's Attorney Jacoby & Jacoby, Attorneys At Law 1737 North Ocean Avenue	Signature of Pro Se Debtor/Petitioner	
Medford, NY 11763 631-289-4600	Signature of Pro Se Joint Debtor/Petitioner	
	Mailing Address of Debtor/Petitioner	
	City, State, Zip Code	
	Area Code and Telephone Number	

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009